

Exhibit G

W. R. Grace Asbestos Personal Injury Questionnaire



WR GRACE PIQ 018335-0001



10315607066436

REDACTED

REC'D JUL 12 2006

RE:

Ferraro & Associates, P.A.
200 S Biscayne Blvd., #3800
Miami FL 33131-2331



000603066436



WR GRACE PIQ 018335-0002

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WR GRACE PIQ 018335-0003

W. R. Grace Asbestos Personal Injury Questionnaire



WR GRACE PIQ 018335-0004

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WR GRACE PIQ 018336-0005

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

In re:) Chapter 11
W. R. GRACE & CO., et al.,) Case No. 01-01139 (JKF)
Debtors.) Jointly Administered
)
)

W. R. Grace Asbestos Personal Injury Questionnaire

YOU HAVE RECEIVED THIS QUESTIONNAIRE BECAUSE GRACE BELIEVES THAT YOU HAD SUED ONE OR MORE OF THE DEBTORS LISTED IN APPENDIX A ATTACHED TO THIS QUESTIONNAIRE BEFORE GRACE FILED FOR BANKRUPTCY ON APRIL 2, 2001 FOR AN ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH CLAIM, AND THAT CLAIM WAS NOT FULLY RESOLVED.

IF YOU HAVE SUCH A CLAIM, YOU MUST COMPLETE AND SUBMIT THIS QUESTIONNAIRE BY JANUARY 12, 2006 TO RUST CONSULTING, INC., THE CLAIMS PROCESSING AGENT, AT ONE OF THE FOLLOWING ADDRESSES:

IF SENT BY U.S. MAIL

RUST CONSULTING, INC.
CLAIMS PROCESSING AGENT
RE: W.R. GRACE & CO. BANKRUPTCY
P.O. BOX 1620
FARIBAULT, MN 55021

IF SENT BY FEDERAL EXPRESS, UNITED PARCEL
SERVICE, OR A SIMILAR HAND DELIVERY SERVICE

RUST CONSULTING, INC.
CLAIMS PROCESSING AGENT
RE: W.R. GRACE & CO. BANKRUPTCY
201 S. LYNDAL AVE.
FARIBAULT, MN 55021

A QUESTIONNAIRE (AND ANY AMENDMENTS OR ADDITIONAL DOCUMENTS IN SUPPORT OF THE QUESTIONNAIRE) WILL NOT BE CONSIDERED UNLESS RECEIVED BY RUST CONSULTING, INC. BY JANUARY 12, 2006.

THIS QUESTIONNAIRE IS AN OFFICIAL DOCUMENT APPROVED BY THE COURT IN CONNECTION WITH ESTIMATING GRACE'S ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS AS A WHOLE. THE QUESTIONNAIRE IS BEING USED BY W. R. GRACE AS A MEANS TO SEEK INFORMATION ABOUT YOUR ASBESTOS CLAIM. BY TIMELY RETURNING THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE, GRACE, THE OFFICIAL COMMITTEES, AND THE FUTURE CLAIMANTS REPRESENTATIVE WILL SEEK TO PRIORITIZE THE PROCESSING OF YOUR CLAIM UNDER ANY TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION.

THE COURT HAS ORDERED THAT, AS PART OF THE DISCOVERY PROCESS, ALL HOLDERS OF PRE-PETITION ASBESTOS PERSONAL INJURY CLAIMS MUST COMPLETE AND RETURN THIS QUESTIONNAIRE. THUS, FAILURE TO TIMELY RETURN THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE MAY RESULT IN SANCTIONS AND/OR OTHER RELIEF AVAILABLE UNDER APPLICABLE FEDERAL RULES.

BECAUSE YOUR CLAIM WILL BE EVALUATED IN ACCORDANCE WITH THE TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION, COMPLETION OF THIS QUESTIONNAIRE DOES NOT MEAN THAT YOUR CLAIM WILL EITHER BE ALLOWED OR PAID. TO THE EXTENT YOU ATTACH TO THIS QUESTIONNAIRE DOCUMENTS ALSO NEEDED BY THE TRUST TO PROCESS YOUR CLAIM, SUCH DOCUMENTS WILL BE PROVIDED TO THE TRUST AND YOU WILL NOT NEED TO RESUBMIT THEM.

INSTRUCTIONS

WR GRACE PIQ 018335-0006

A. GENERAL

1. This Questionnaire refers to any lawsuit that you filed before April 2, 2001 for an "asbestos-related personal wrongful death claim." This term is intended to cover any lawsuit alleging any claim for personal injuries or damages that relates to: (a) exposure to any products or materials containing asbestos that were manufactured, sold, supplied, produced, specified, selected, distributed or in any way marketed by one or more of the Debtors (or any of their respective past or present affiliates, or any of the predecessors of any of the Debtors or any of their respective past or present affiliates), or (b) exposure to vermiculite mined, milled or processed by the Debtors (or any of their respective past or present affiliates, any of the predecessors of any of the Debtors or any of their predecessors' respective past or present affiliates). It includes claims in the nature of or sounding in tort, or under contract, warranty, guarantee, contribution, joint and several liability, subrogation, reimbursement, or indemnity, or any other theory of law or equity, or admiralty for, relating to, or arising out of, resulting from, or attributable to, directly or indirectly, death, bodily injury, sickness, disease, or other personal injuries or other damages caused, or allegedly caused, directly or indirectly, and arising or allegedly arising, directly or indirectly, from acts or omissions of one or more of the Debtors. It includes all such claims, debts, obligations or liabilities for compensatory damages such as loss of consortium, personal or bodily injury (whether physical, emotional or otherwise), wrongful death, survivorship, proximate, consequential, general, special, and punitive damages.
2. Your Questionnaire will be deemed filed only when it has been received by Rust Consulting Inc., the Claims Processing Agent, via U.S. Mail, Federal Express, United Parcel Service or a similar hand delivery service. A Questionnaire that is submitted by facsimile, telecopy or other electronic transmission will not be accepted and will not be deemed filed.

Do not send any Questionnaire to the Debtors, counsel for the Debtors, the Future Claimants Representative, the Official Committee of Unsecured Creditors, the Official Committee of Asbestos Personal Injury Claimants, the Official Committee of Asbestos Property Damage Claimants, the Official Committee of Equity Security Holders, or such Committees' counsel. Questionnaires that are filed with or sent to anyone other than Rust Consulting, Inc. will be deemed not to have been submitted, and such Questionnaires will not be considered.
3. Your completed Questionnaire must (i) be written in English, and (ii) attach relevant supporting materials as instructed further below.
4. All holders of claims described on page i (and as described in further detail in Instruction A (1) above) are required to file this Questionnaire by Jan. 12, 2006. Your Questionnaire will be used in connection with the estimation hearing to be conducted by the Court pursuant to the Estimation Procedures Order (a copy of which is attached as Appendix B).
5. Any subsequent amendment to the Questionnaire will not be considered for any purpose unless received by Jan. 12, 2006.

B. PART I -- Identity of Injured Person and Legal Counsel

Respond to all applicable questions. If you are represented by a lawyer, then in Part I (b), please provide your lawyer's name and the name, telephone number and address of his/her firm. If you are represented by a lawyer, he/she must assist in the completion of this Questionnaire. Also, if you would prefer that the Debtors send any additional materials only to your lawyer, instead of sending such materials to you, then check the box indicating this in Part I (b).

All references to "you" or the like in Parts I through X shall mean the injured person. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete this Questionnaire.

C. PART II -- Asbestos-Related Condition(s)

Please indicate all asbestos-related medical conditions for which you have been diagnosed. To complete questions related to injuries, medical diagnoses, and/or conditions, please use the following categories of customarily diagnosed conditions:

- Mesothelioma
- Asbestos-Related Lung Cancer
- Other Cancer (colon, laryngeal, esophageal, pharyngeal, or stomach)
- Clinically Severe Asbestosis
- Asbestosis
- Other Asbestos Disease

If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

Supporting Documents for Diagnosis: This Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that support or conflict with your diagnosis.

X-rays and B-reads: Please attach all x-ray readings and reports. You may, but are not required to, attach chest x-rays. The court, however, has ruled that Grace may seek access to chest x-rays upon request.

Pulmonary Function Tests: Please attach all pulmonary function test results, including the actual raw data and all spirometric tracings, on which the results are based.

**D. PART III – Direct Exposure to Grace Asbestos-Containing Products**

In Part III, please provide the requested information for the job and site at which you were exposed to Grace asbestos-containing products. If your exposure was a result of your employment, use the list of occupation and industry codes below to indicate your occupation and the industry in which you worked at each site. If you allege exposure to Grace asbestos-containing products at multiple sites, the Court has ordered that you must complete a separate Part III for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

Attach copies of any and all documents establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the disease.

Occupation Codes

- | | |
|--|---|
| 01. Air conditioning and heating installer/maintenance | 31. Iron worker |
| 02. Asbestos miner | 32. Joiner |
| 03. Asbestos plant worker/asbestos manufacturing worker | 33. Laborer |
| 04. Asbestos removal/abatement | 34. Longshoreman |
| 05. Asbestos sprayer/spray gun mechanic | 35. Machinist/machine operator |
| 06. Assembly line/factory/plant worker | 36. Millwright/mill worker |
| 07. Auto mechanic/bodywork/brake repairman | 37. Mixer/bagger |
| 08. Boilermaker | 38. Non-asbestos miner |
| 09. Boiler repairman | 39. Non-occupational/residential |
| 10. Boiler worker/cleaner/inspector/engineer/installer | 40. Painter |
| 11. Building maintenance/building superintendent | 41. Pipefitter |
| 12. Brake manufacturer/installer | 42. Plasterer |
| 13. Brick mason/layer/hod carrier | 43. Plumber - install/repair |
| 14. Burner operator | 44. Power plant operator |
| 15. Carpenter/woodworker/cabinetmaker | 45. Professional (e.g., accountant, architect, physician) |
| 16. Chipper | 46. Railroad worker/carman/brakeman/machinist/conductor |
| 17. Clerical/office worker | 47. Refinery worker |
| 18. Construction - general | 48. Remover/installer of gaskets |
| 19. Custodian/janitor in office/residential building | 49. Rigger/stevedore/seaman |
| 20. Custodian/janitor in plant/manufacturing facility | 50. Rubber/tire worker |
| 21. Electrician/inspector/worker | 51. Sandblaster |
| 22. Engineer | 52. Sheet metal worker/sheet metal mechanic |
| 23. Firefighter | 53. Shipfitter/shipwright/ship builder |
| 24. Fireman | 54. Shipyard worker (md. repair, maintenance) |
| 25. Flooring installer/tile installer/tile mechanic | 55. Steamfitter |
| 26. Foundry worker | 56. Steelworker |
| 27. Furnace worker/repairman/installer | 57. Warehouse worker |
| 28. Glass worker | 58. Welder/blacksmith |
| 29. Heavy equipment operator (includes truck, forklift, & crane) | 59. Other |
| 30. Insulator | |

Industry Codes

- | | |
|--|--|
| 001. Asbestos abatement/removal | 109. Petrochemical |
| 002. Aerospace/aviation | 110. Railroad |
| 100. Asbestos mining | 111. Shipyard-construction/repair |
| 101. Automotive | 112. Textile |
| 102. Chemical | 113. Tire/rubber |
| 103. Construction trades | 114. U.S. Navy |
| 104. Iron/steel | 115. Utilities |
| 105. Longshore | 116. Grace asbestos manufacture or milling |
| 106. Maritime | 117. Non-Grace asbestos manufacture or milling |
| 107. Military (other than U.S. Navy) | 118. Other |
| 108. Non-asbestos products manufacturing | |



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E. PART IV -- Indirect Exposure to Grace Asbestos-Containing Products

In Part IV, please provide the information requested for any injury alleged to have been caused by exposure to asbestos-containing products through contact/proximity with another injured person. If you allege exposure through contact/proximity with multiple injured persons, please complete a separate Part IV for each injured person. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

F. PART V -- Exposure to Non-Grace Asbestos-Containing Products

In Part V, please provide the requested information for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate Part V for each party. If exposure was in connection with your employment, use the list of occupation and industry codes in Part III to indicate your occupation and the industry in which you worked. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

G. PART VI -- Employment History

In Part VI, please provide the information requested for each industrial job you have held, other than jobs already listed in Parts III or V. Use the list of occupation and industry codes in the instructions to Part III to indicate your occupation and the industry in which you worked for each job. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

H. PART VII -- Litigation and Claims Regarding Asbestos and/or Silica

In Part VII, please describe any lawsuits and/or claims that were filed by you or on your behalf regarding asbestos or silica.

I. PART VIII -- Claims by Dependents or Related Persons

Part VIII is to be completed only by dependents or related persons (such as spouse or child) of an injured person who sued the Debtors before April 2, 2001 for an asbestos-related personal injury or wrongful death claim against Grace not involving physical injury to him-/herself on account of his/her own exposure. One example of such a claim would be a claim for loss of consortium. If you are asserting such a claim, complete the entire Questionnaire, providing all information and documentation regarding the injured person.

J. PART IX -- Supporting Documentation

In Part IX, please mark the boxes next to each type of document that you are submitting with this Questionnaire. As indicated in the instructions to Parts II and III, this Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that (a) support or conflict with your diagnosis and/or (b) establish exposure to Grace asbestos-containing products as having a substantial causal role in the development of the medical diagnoses, and/or conditions claimed. Original documents provided to Grace will be returned within a reasonable time after its professionals and experts have reviewed the documents.

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such cost.

K. PART X -- Attestation that Information is True, Accurate and Complete

By signing Part X, you, the injured person, are attesting and swearing, under penalty of perjury, that, to the best of your knowledge, all of the information in this Questionnaire is true, accurate and complete. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete and sign Part X on behalf of the injured person.

The legal representative of the injured person must complete and sign Part X where indicated.

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X other (please specify): Objection: See attached medical information

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

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b. **Asbestos-Related Lung Cancer:** If alleging Asbestos-Related Lung Cancer, were you diagnosed with primary lung cancer based on the following (check all that apply):

- ☐ findings by a pathologist certified by the American Board of Pathology
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis determined by pathology
- ☐ evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ diffuse pleural thickening as defined in the International Labour Organization's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer
- X other (please specify): Objection: See attached medical information

c. **Other Cancer:**

(i) If alleging Other Cancer, please mark the box(es) next to the applicable primary cancer(s) being alleged:

- ☐ colon ☐ pharyngeal ☐ esophageal ☐ laryngeal ☐ stomach cancer
- ☐ other, please specify: _____

(ii) Were you diagnosed with the above-indicated cancer based on the following (check all that apply):

- ☐ findings by a pathologist certified by the American Board of Pathology
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis determined by pathology
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the cancer

X other (please specify): Objection: See attached medical information

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

WR GRACE PIQ 018335-0011

d. **Clinically Severe Asbestosis:** If alleging Clinically Severe Asbestosis, was your diagnosis based on the following (check all that apply):

- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- ☐ a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ asbestosis determined by pathology
- ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating total lung capacity less than 65% predicted
- ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating forced vital capacity less than 65% predicted and a FEV1/FVC ratio greater than or equal to 65% predicted
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
- ☒ other (please specify): Objection: See attached medical information

e. **Asbestosis:** If alleging Asbestosis, was your diagnosis based on the following (check all that apply):

- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ asbestosis determined by pathology
- ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
- ☒ other (please specify): Objection: See attached medical information

PART II. ASBESTOS-RELATED CONDITION(S) (Continued)



f. **Other Asbestos Disease:** If alleging any asbestos-related injuries, medical diagnoses, and/or conditions other than those above, was your diagnosis based on the following (check all that apply):

- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- ☐ diagnosis determined by pathology
- ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a chest x-ray reading other than those described above
- ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
- ☐ a pulmonary function test other than that discussed above
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition
- ☐ a CT Scan or similar testing
- ☐ a diagnosis other than those above
- X other (please specify): Objection: See attached medical information

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PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

2. Information Regarding Diagnosis

Date of Diagnosis: 07/19/99

Diagnosing Doctor's Name: See attachedDiagnosing Doctor's Specialty: See attachedDiagnosing Doctor's Mailing Address: See attached
Address

City _____ State/Province _____ Zip/Postal Code _____

Diagnosing Doctor's Daytime Telephone Number: () - -

With respect to your relationship to the diagnosing doctor, check all applicable boxes:

Was the diagnosing doctor your personal physician? Objection: relevance ☐ Yes ☐ NoWas the diagnosing doctor paid for the diagnostic services that he/she performed? Objection: relevance ☐ Yes ☐ NoIf yes, please indicate who paid for the services performed: Objection: relevanceDid you retain counsel in order to receive any of the services performed by the
diagnosing doctor? Objection: relevance ☐ Yes ☐ NoWas the diagnosing doctor referred to you by counsel? Objection: relevance ☐ Yes ☐ NoAre you aware of any relationship between the diagnosing doctor and your
legal counsel? Objection: relevance ☐ Yes ☐ No

If yes, please explain: _____

Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine
at the time of the diagnosis? See attached medical information ☐ Yes ☐ NoWas the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the
diagnosis? See attached medical information ☐ Yes ☐ NoWas the diagnosing doctor provided with your complete occupational, medical and smoking history prior to
diagnosis? See attached medical information ☐ Yes ☐ NoDid the diagnosing doctor perform a physical examination? See attached medical information ☐ Yes ☐ NoDo you currently use tobacco products? See attached medical information ☐ Yes ☐ NoHave you ever used tobacco products? See attached medical information ☐ Yes ☐ NoIf answer to either question is yes, please indicate whether you have regularly used any of the following tobacco
products and the dates and frequency with which such products were used: See attached medical information☐ Cigarettes Packs Per Day (half pack = .5) _____ Start Year _____ End Year _____☐ Cigars Cigars Per Day _____ Start Year _____ End Year _____☐ If Other Tobacco Products, please specify (e.g., chewing tobacco): _____

Amount Per Day _____ Start Year _____ End Year _____

Have you ever been diagnosed with chronic obstructive pulmonary disease ("COPD")? ☐ Yes ☐ No

If yes, please attach all documents regarding such diagnosis and explain the nature of the diagnosis:

See attached medical information

3. Information Regarding Chest X-Ray

Please check the box next to the applicable location where your chest x-ray was taken (check one):

☐ Mobile laboratory ☐ Job site ☐ Union Hall ☐ Doctor office ☐ Hospital ☒ Other: Objection: relevanceAddress where chest x-ray taken: Objection: relevance
Address

City _____ State/Province _____ Zip/Postal Code _____

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

WR GRACE PIQ 018335-0014

4. Information Regarding Chest X-Ray Reading See attached medical information

Date of Reading: ____ / ____ / ____ ILO score: _____

Name of Reader: _____

Reader's Daytime Telephone Number: _____ (____) ____ - ____

Reader's Mailing Address: _____
Address

City _____ State/Province _____ Zip/Postal Code _____

With respect to your relationship to the reader, check all applicable boxes:

Was the reader paid for the services that he/she performed Objection: relevance _____ ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed

by the reader? Objection: relevance _____ ☐ Yes ☐ NoWas the reader referred to you by counsel? Objection: relevance _____ ☐ Yes ☐ NoAre you aware of any relationship between the reader and your legal counsel? Objection: relevance _____ ☐ Yes ☐ No

If yes, please explain: _____

Was the reader certified by the National Institute for Occupational Safety and Health at the time of the reading?

_____X Yes ☐ No

If the reader is not a certified B-reader, please describe the reader's occupation, specialty, and the method through which the reading was made: _____

5. Information Regarding Pulmonary Function Test: See attached medical information Date of Test: ____ / ____ / ____List your height in feet and inches when test given: See attached medical information .. ____ ft ____ inchesList your weight in pounds when test given: See attached medical information ____ lbsTotal Lung Capacity (TLC): See attached medical information ____ % of predictedForced Vital Capacity (FVC): See attached medical information ____ % of predictedFEV1/FVC Ratio: See attached medical information ____ % of predictedName of Doctor Performing Test (if applicable): See attached medical informationDoctor's Specialty: See attached medical informationName of Clinician Performing Test (if applicable): See attached medical informationTesting Doctor or Clinician's Mailing Address: See attached medical information
Address

City _____ State/Province _____ Zip/Postal Code _____

Testing Doctor or Clinician's Daytime Telephone Number: _____ (____) ____ - ____

Name of Doctor Interpreting Test: _____

Doctor's Specialty: _____

Interpreting Doctor's Mailing Address: _____
Address

City _____ State/Province _____ Zip/Postal Code _____

Interpreting Doctor's Daytime Telephone Number: _____ (____) ____ - ____

PART H: ASBESTOS-RELATED CONDITION(S) (Continued)

WR GRACE PIQ 018335-0015

With respect to your relationship to the doctor or clinician who performed the pulmonary function test check all applicable boxes:

If the test was performed by a doctor, was the doctor your personal physician? Objection: relevance..... ☐ Yes ☐ No

Was the testing doctor and/or clinician paid for the services that he/she performed? Objection: relevance ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the testing doctor or clinician? Objection: relevance..... ☐ Yes ☐ No

Was the testing doctor or clinician referred to you by counsel? Objection: relevance..... ☐ Yes ☐ No

Are you aware of any relationship between either the doctor or clinician and your legal counsel? Objection: relevance..... ☐ Yes ☐ No

If yes, please explain: _____

Was the testing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the pulmonary function test? See attached medical information..... ☐ Yes ☐ No

With respect to your relationship to the doctor interpreting the results of the pulmonary function test check all applicable boxes:

Was the doctor your personal physician? Objection: relevance..... ☐ Yes ☐ No

Was the doctor paid for the services that he/she performed? Objection: relevance ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the doctor? Objection: relevance..... ☐ Yes ☐ No

Was the doctor referred to you by counsel? Objection: relevance..... ☐ Yes ☐ No

Are you aware of any relationship between the doctor and your legal counsel? Objection: relevance..... ☐ Yes ☐ No

If yes, please explain: _____

Was the doctor interpreting the pulmonary function test results certified as a pulmonologist or internist by the American Board of Internal Medicine at the time the test results were reviewed?..... ☐ Yes ☐ No
See attached medical information

6. Information Regarding Pathology Reports:

Date of Pathology Report: See attached medical information..... ____ / ____ / ____

Findings: See attached medical information

Name of Doctor Issuing Report: See attached medical information

Doctor's Specialty: See attached medical information

Doctor's Mailing Address: See attached medical information
Address

City _____ State/Province _____ Zip/Postal Code _____

Doctor's Daytime Telephone Number: See attached medical information..... (____) ____ - ____

With respect to your relationship to the doctor issuing the pathology report, check all applicable boxes:

Was the doctor your personal physician? Objection: relevance..... ☐ Yes ☐ No

Was the doctor paid for the services that he/she performed? Objection: relevance..... ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the doctor? Objection: relevance..... ☐ Yes ☐ No

Was the doctor referred to you by counsel? Objection: relevance..... ☐ Yes ☐ No



Are you aware of any relationship between the doctor and your legal counsel? Objection: relevance

If yes, please explain: _____

Was the doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis?

See attached medical information ☐ Yes ☐ No

PART H: ASBESTOS-RELATED CONDITION(S) (Continued)

WR GRACE PIQ 018335-0017

7. With respect to the condition alleged, have you received medical treatment from a doctor for the condition?

Objection. Relevance. ☐ Yes ☐ No

If yes, please complete the following:

Name of Treating Doctor: n/a

Treating Doctor's Specialty: n/a

Treating Doctor's Mailing Address: n/a
Address

City State/Province Zip/Postal Code

Treating Doctor's Daytime Telephone number: n/a () -

Was the doctor paid for the services that he/she performed? n/a ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: n/a

Did you retain counsel in order to receive any of the services performed by the doctor? n/a ☐ Yes ☐ No

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PART III: DIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

Please complete the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked. In the "Nature of Exposure" column, for each job listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Grace asbestos-containing products
- (d) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (b) A worker who personally removed or cut Grace asbestos-containing products
- (e) A worker in a space where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (c) A worker who personally installed Grace asbestos-containing products
- (f) If other, please specify.

Site of Exposure:

Site Name: See Exhibit A

Location: _____

Site Type: ☐ Residence ☐ Business Site Owner: _____

Employer During Exposure: _____

Unions of which you were a member during your employment: _____

Job Description:	Product(s)	Basis for Identification of Each Grace Product	Dates and Frequency of Exposure (hours/day, days/year)	Occupation Code <i>If Code 59, specify</i>	Industry Code <i>If Code 48, specify</i>	Was exposure due to working in or around areas where product was being installed, mixed, removed, or cut? <i>If Yes, please indicate your regular working location(s)</i>	Nature of Exposure
Job 1 Description:	See Exhibit A						
Job 2 Description:							
Job 3 Description:							
Job 4 Description:							
Job 5 Description:							
Job 6 Description:							



PART V. EXPOSURE TO NON-GRACE ASBESTOS-CONTAINING PRODUCTS

Please complete the chart below for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate chart for each party. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked.

In the "Nature of Exposure" column, for each product listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Non-Grace asbestos-containing products
- (b) A worker who personally removed or cut Non-Grace asbestos-containing products
- (c) A worker who personally installed Non-Grace asbestos-containing products
- (d) A worker at a site where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (e) A worker in a space where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (f) If other, please specify.

Objection: Burdensome/Public Record

Party Against which Lawsuit or Claim was Filed:

See attached Complaint cover sheet

Product(s)	Dates and Frequency of Exposure (hours/day, days/year)	Occupation Code <i>If Code 59, specify</i>	Industry Code <i>If Code 118, specify</i>	Was exposure due to working in or around areas where product was being installed, mixed, removed, or cut? <i>If yes, please indicate your regular proximity to such areas.</i>	Nature of Exposure
Site of Exposure 1 Site Name: _____ Address: _____ City and State: _____ Site Owner: _____	Job 1 Description:				
	Job 2 Description:				
	Job 3 Description:				
Site of Exposure 2 Site Name: _____ Address: _____ City and State: _____ Site Owner: _____	Job 1 Description:				
	Job 2 Description:				
	Job 3 Description:				
Site of Exposure 3 Site Name: _____ Address: _____ City and State: _____ Site Owner: _____	Job 1 Description:				
	Job 2 Description:				
	Job 3 Description:				



PART VI. EMPLOYMENT HISTORY

WR GRACE PIQ 018335-0021

Other than jobs listed in Part III or V; please complete this Part VI for all of your prior industrial work experience up to and including your current employment. For each job, include your employer, location of employment, and dates of employment. Only include jobs at which you worked for at least one month. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

Occupation Code: 58 If Code 59, specify: Objection: Burdensome. See Exhibit A

Industry Code: 103, 104, 111 If Code 118, specify: _____

Employer: _____

Beginning of Employment: ____ / ____ / ____ End of Employment: ____ / ____ / ____

Location: _____

Address

City _____ State/Province _____ Zip/Postal Code _____

Occupation Code: _____ If Code 59, specify: _____

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: ____ / ____ / ____ End of Employment: ____ / ____ / ____

Location: _____

Address

City _____ State/Province _____ Zip/Postal Code _____

Occupation Code: _____ If Code 59, specify: _____

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: ____ / ____ / ____ End of Employment: ____ / ____ / ____

Location: _____

Address

City _____ State/Province _____ Zip/Postal Code _____

Occupation Code: _____ If Code 59, specify: _____

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: ____ / ____ / ____ End of Employment: ____ / ____ / ____

Location: _____

Address

City _____ State/Province _____ Zip/Postal Code _____

PART VII. LITIGATION AND CLAIMS REGARDING ASBESTOS AND/OR SILICA



WR GRACE PIQ 018335-0022

a. LITIGATION

1. Have you ever been a plaintiff in a lawsuit regarding asbestos or silica? X Yes ☐ No
If yes, please complete the rest of this Part VII(a) for each lawsuit. For your convenience, additional copies of Part VII are attached as Appendix G to this Questionnaire
2. Please provide the caption, case number, file date, and court name for the lawsuit you filed:
Caption: See Complaint cover sheet
Case Number: 99-5053 File Date: 10/18/99
Court Name: Middlesex, MA
3. Was Grace a defendant in the lawsuit? Prior to April 2, 2001, then yes X Yes ☐ No
4. Was the lawsuit dismissed against any defendant? X Yes ☐ No
If yes, please provide the basis for dismissal of the lawsuit against each defendant:
Objection: burdensome. For Voluntary Dismissals, please see docket and pleadings filed in the case which are public records
5. Has a judgment or verdict been entered? Objection: See Florida Statute § 90.408 ☐ Yes ☐ No
If yes, please indicate verdict amount for each defendant(s): _____
6. Was a settlement agreement reached in this lawsuit? Objection: See Florida Statute § 90.408 ☐ Yes ☐ No
If yes and the settlement was reached on or after April 2, 2001, please indicate the following:
 - a. Settlement amount for each defendant: _____
 - b. Applicable defendants: _____
 - c. Disease or condition alleged: _____
 - d. Disease or condition settled (if different than disease or condition alleged): _____
7. Were you deposed in this lawsuit? ☐ Yes X No
If yes and Grace was not a party in the lawsuit, please attach a copy of your deposition to this Questionnaire.

b. CLAIMS

1. Have you ever asserted a claim regarding asbestos and/or silica, including but not limited to a claim against an asbestos trust (other than a formal lawsuit in court)? Objection, vague, irrelevant, ambiguous and unduly burdensome ☐ Yes ☐ No
If yes, please complete the rest of this Part VII(b). If no, please skip to Part VIII.
2. Date the claim was submitted: _____ / _____ / _____
3. Person or entity against whom the claim was submitted: _____
4. Description of claim: _____
5. Was claim settled? ☐ Yes ☐ No
6. Please indicate settlement amount: Objection: See Florida Statute § 90.408 \$ _____
7. Was the claim dismissed or otherwise disallowed or not honored? ☐ Yes ☐ No
If yes, provide the basis for dismissal of the claim: _____



WR GRACE PIQ 018335-0023

PART VIII: CLAIMS BY DEPENDENTS OR RELATED PERSONS

Name of Dependent or Related Person: Objection: relevance Gender: ☐ Male ☐ Female

Last Four Digits of Social Security Number: _____ Birth Date: ____/____/____

Financially Dependent: _____ ☐ Yes ☐ No

Relationship to Injured Party: ☐ Spouse ☐ Child ☐ Other If other, please specify _____

Mailing Address: _____
Address

City _____ State/Province _____ Zip/Postal Code _____

Daytime Telephone number: _____ (____) _____

PART IX: SUPPORTING DOCUMENTATION

Please use the checklists below to indicate which documents you are submitting with this form.

Copies: See attached medical information

- | | |
|---|--|
| <input type="checkbox"/> Medical records and/or report containing a diagnosis | <input type="checkbox"/> X-rays |
| <input type="checkbox"/> Lung function test results | <input type="checkbox"/> X-ray reports/interpretations |
| <input type="checkbox"/> Lung function test interpretations | <input type="checkbox"/> CT scans |
| <input type="checkbox"/> Pathology reports | <input type="checkbox"/> CT scan reports/interpretations |
| <input type="checkbox"/> Supporting documentation of exposure to Grace asbestos-containing products | <input type="checkbox"/> Depositions from lawsuits indicated in Part VII of this Questionnaire |
| <input type="checkbox"/> Supporting documentation of other asbestos exposure | <input type="checkbox"/> Death Certification |

Originals:

- | | |
|---|--|
| <input type="checkbox"/> Medical records and/or report containing a diagnosis | <input type="checkbox"/> Supporting documentation of other asbestos exposure |
| <input type="checkbox"/> Lung function test results | <input type="checkbox"/> X-rays |
| <input type="checkbox"/> Lung function test interpretations | <input type="checkbox"/> X-ray reports/interpretations |
| <input type="checkbox"/> Pathology reports | <input type="checkbox"/> CT scans |
| <input type="checkbox"/> Supporting documentation of exposure to Grace asbestos-containing products | <input type="checkbox"/> CT scan reports/interpretations |
| | <input type="checkbox"/> Death Certification |

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such costs:

PART X: ATTESTATION THAT INFORMATION IS TRUE AND ACCURATE

The information provided in this Questionnaire must be accurate and truthful. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your Claim. The penalty for presenting a fraudulent Questionnaire is a fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 & 3571. **TO BE COMPLETED BY THE INJURED PERSON.**

I swear, under penalty of perjury, that, to the best of my knowledge, all of the foregoing information contained in this Questionnaire is true, accurate and complete.

Signature: _____ Date: ____/____/____

Please Print Name: _____

TO BE COMPLETED BY THE LEGAL REPRESENTATIVE OF THE INJURED PERSON.

I swear that, to the best of my knowledge, all of the information contained in this Questionnaire is true, accurate and complete.

Signature: [Signature] Date: 06/12/2006

Please Print Name: _____ David A. Jagolinzer

REDACTED

, c/o Ferraro & Associates, P.A., 4000 Ponce de Leon Boulevard
 Miami, Florida, 33146, Phone: (305) 375-0111

**Exposure Sheet**

Ferraro & Associates, P.A.

For Sorted by Manufacturer then Date

01/20/2006

Manufacturer: W.R. Grace & Company**REDACTED****Products:** Plaster, Monokote, Cement

<i>Jobsite</i>	<i>City</i>	<i>State</i>	<i>Start Date</i>	<i>Stop Date</i>
Boston Naval Shipyard	Charleston	MA	01/01/1966	12/01/1972
South Boston Anex Shipyard	So. Boston	MA	01/01/1966	12/01/1972
U.S. Navy	San Diego	CA	01/01/1966	12/01/1972
Charlestown Naval Shipyard	Boston	MA	01/01/1966	12/01/1972
Lyons & Ironwork	Manchester	NH	01/01/1972	12/31/1974
Portsmouth Naval Shipyard	Kittery	ME	01/01/1974	12/31/1974
Public Service NH (Merrimack Station)	Bow	NH	01/01/1974	12/31/1974
University of New Hampshire	Durham	NH	01/01/1974	12/31/1974
Schiller Station	Portsmouth	NH	01/01/1974	12/31/1974
Groveton Paper Co.	Groveton	NH	01/01/1974	12/31/1974
Brown Paper Co.	Berlin	NH	01/01/1974	12/31/1974

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**



Chapter 11

In Re:	Bankruptcy No.
Owens Corning	00-3837-JKF
Armstrong World Industries	00-4471-JKF
W.R. Grace & Co.	01-1139-JKF
USG Corp.	01-2094-JKF
United States Mineral Products Company	01-2471-JKF
Kaiser Aluminum Corporation, Inc.	02-10429-JKF
ACandS, Inc.	02-12687-JKF
Combustion Engineering, Inc.	03-10495-JKF
The Flintkote Company	04-11300-JKF

Debtor(s)

POWER OF ATTORNEY/PROXY

The undersigned Claimant hereby authorizes James L. Ferraro, Esq. and/or David A. Jagolinzer, Esq., of Ferraro & Associates, P.A., 4000 Ponce de Leon Blvd. Suite 700, Miami, Florida 33146, or any of its attorneys, as their delegates, to act as attorney-in-fact for the undersigned, with full power of substitution, to act and/or vote on any issue that may be submitted to or involve creditors or claimants of any debtor, associated debtor, related company or their insurers, in or related to the above-referenced bankruptcy actions and any other bankruptcy actions, and in general, to perform any act for the undersigned in these related bankruptcy matters, including matters arising, or related to Claimant's asbestos or silica claim, including the investigation, negotiation and settlement of any such claim and submission of any materials for settlement or processing of the claim.

Signed: _____

REDACTED

SWORN TO AND SUBSCRIBED TO, before me *and under oath and under penalty of perjury*
this 15th day of November, 2004.



NOTARY PUBLIC, My Commission Expires:

JAMES L. HAUSER, Notary Public
My Commission Expires August 25, 2008

HAUSER, WAYNE E.00002001



LAXMINARAYANA C. RAO, M.D., F.C.C.P., F.A.C.P.
F.A.C.I.P., F.A.A.D.E.P., F.A.C.F.E.

Pulmonary Medicine Associates, Inc.
Board Certified in Internal Medicine and Pulmonary Disease
NIOSH "B" READER

REDACTED

7/19/99

The film dated 6/10/99 is of good quality. Irregular opacities are present in the lower and middle zones of 1/1 profusion. Diaphragmatic pleural plaque is noted on the left. Diffuse chest wall pleural thickening is noted on the right. Right pleural effusion to be excluded. Ill-defined diaphragm on the right side. Mesothelioma to be excluded.

With a significant exposure history to asbestos dust, these findings are consistent with the diagnoses of asbestosis and asbestos associated pleural fibrosis. There is evidence for possible malignancy.

Laxminarayana C. Rao, M.D., F.C.C.P., F.A.C.P.
F.A.C.I.P., F.A.A.D.E.P., F.A.C.F.E.

F7-13



WR GRACE PIQ 018335-0027

REDACTED

Pulmonary Medicine Associates, Inc. • Occupational Division
Old Oak Medical Pavilion • 7225 Old Oak Blvd., Suite #101 • Middleburg Hts., OH 44130 • 440-826-3030

PATIENT NAME

SS#

TYPE OF READING

B

1A. DATE OF X-RAY 6/6/10/99		1B. FILM QUALITY 2 3 1/2		1C. IS FILM COMPLETELY NEGATIVE? YES <input type="checkbox"/> Proceed to Section 4 NO <input checked="" type="checkbox"/> Proceed to Section 2	
2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input checked="" type="checkbox"/> COMPLETE 2B and 2C NO <input type="checkbox"/> PROCEED TO SECTION 3					
2B. SMALL OPACITIES a. SHAPE/SIZE PRIMARY SECONDARY p s p s q x q x r u r u b. ZONES R L c. PROFUSION 0/ 0/0 0/1 1/0 1/1 1/2 2/1 2/2 2/3 2/2 2/3 2/4		2C. LARGE OPACITIES SIZE A B C PROCEED TO SECTION 3			
3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input checked="" type="checkbox"/> COMPLETE 3B, 3C and 3D NO <input type="checkbox"/> PROCEED TO SECTION 4					
3B. PLEURAL THICKENING a. DIAPHRAGM (pleaque) SITE OR <input checked="" type="checkbox"/> b. COSTOPHRENIC ANGLE SITE O <input checked="" type="checkbox"/> L		3C. PLEURAL THICKENING ... Chest Wall a. CIRCUMSCRIBED (pleaque) SITE R L IN PROFILE I. WIDTH II. EXTENT FACE ON III. EXTENT b. DIFFUSE SITE O <input checked="" type="checkbox"/> L IN PROFILE I. WIDTH II. EXTENT FACE ON III. EXTENT			
3D. PLEURAL CALCIFICATION SITE R L a. DIAPHRAGM b. WALL c. OTHER SITES EXTENT 0 1 2 3 0 1 2 3 0 1 2 3		3E. PLEURAL CALCIFICATION SITE L R a. DIAPHRAGM b. WALL c. OTHER SITES EXTENT 0 1 2 3 0 1 2 3 0 1 2 3 PROCEED TO SECTION 4			
4A. ANY OTHER ABNORMALITIES? YES <input checked="" type="checkbox"/> COMPLETE 4B and 4C NO <input type="checkbox"/> PROCEED TO SECTION 5					
4B. OTHER SYMBOLS (OBLIGATORY) O ax bu <input checked="" type="checkbox"/> cn co cp cv di <input checked="" type="checkbox"/> em es fr bi ho <input checked="" type="checkbox"/> ih kl pl px rp th Report items which may be of present clinical significance in this section. <input type="checkbox"/> (SPECIFY od.) Date Personal Physician notified?					
4C. OTHER COMMENTS SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C. YES NO PROCEED TO SECTION 5					

5. FILM READER'S INITIALS

PHYSICIAN'S SOCIAL SECURITY NUMBER*

DATE OF READING

LCR

515706831

L. C. Rao, M.D., F.C.C.P., F.A.C.P.,
F.A.C.I.P., F.A.A.D.E.P., F.A.C.F.E., B-Reader NIOSH



**ORIGINAL MAILED PIQ
RETURNED BLANK WITH
COMPLETED EDITABLE
PDF.**

**BLANK QUESTIONNAIRE
RETAINED BUT NOT
PROCESSED**



FedEx | Ship Manager | Label7910 4626 1687

Page 1 of 1

From: Origin ID: (305)375-0111
Eva Villanueva
Ferraro & Associates, P.A.
4000 Ponce DeLeon Blvd.
Suite 700
Miami, FL 33146



Ship Date: 11JUL06
ActWgt: 40 LB
System#: 8785132/INET2500
Account#: S *****
Dimmed: 17 X 13 X 12 IN

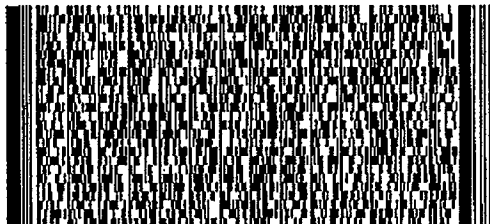
REF: W.R. Grace Questionnaire



Delivery Address Bar Code

SHIP TO: (800)432-1909 BILL SENDER

Claims Processing Agent
Rust Consulting, Inc
W.R. Grace & Co. Bankruptcy
201 S. Lyndale Avenue
Faribault, MN 55021



PRIORITY OVERNIGHT

WED

TRK# 7910 4626 1518

FORM
0201

Deliver By:
12JUL06

MSP AA

55021 -MN-US

A8 FBLA



W. R. Grace Asbestos Personal Injury Questionnaire



10315607058061

RE:

Ferraro & Associates, P.A.
200 S Biscayne Blvd., #3800
Miami FL 33131-2331

REDACTED

REC'D JUL 12 2006



000603058061



WR GRACE PIQ 018334-0002

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WR GRACE PIQ 018334-0003

W. R. Grace Asbestos Personal Injury Questionnaire



WR GRACE PIQ 018334-0004

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IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

In re:) Chapter 11
W. R. GRACE & CO., et al.,) Case No. 01-01139 (JKF)
Debtors.) Jointly Administered
)
)

W. R. Grace Asbestos Personal Injury Questionnaire

YOU HAVE RECEIVED THIS QUESTIONNAIRE BECAUSE GRACE BELIEVES THAT YOU HAD SUED ONE OR MORE OF THE DEBTORS LISTED IN APPENDIX A ATTACHED TO THIS QUESTIONNAIRE BEFORE GRACE FILED FOR BANKRUPTCY ON APRIL 2, 2001 FOR AN ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH CLAIM, AND THAT CLAIM WAS NOT FULLY RESOLVED.

IF YOU HAVE SUCH A CLAIM, YOU MUST COMPLETE AND SUBMIT THIS QUESTIONNAIRE BY JANUARY 12, 2006 TO RUST CONSULTING, INC., THE CLAIMS PROCESSING AGENT, AT ONE OF THE FOLLOWING ADDRESSES:

IF SENT BY U.S. MAIL

RUST CONSULTING, INC.
CLAIMS PROCESSING AGENT
RE: W.R. GRACE & CO. BANKRUPTCY
P.O. BOX 1620
FARIBAULT, MN 55021

IF SENT BY FEDERAL EXPRESS, UNITED PARCEL SERVICE, OR A SIMILAR HAND DELIVERY SERVICE

RUST CONSULTING, INC.
CLAIMS PROCESSING AGENT
RE: W.R. GRACE & CO. BANKRUPTCY
201 S. LYNDAL AVE.
FARIBAULT, MN 55021

A QUESTIONNAIRE (AND ANY AMENDMENTS OR ADDITIONAL DOCUMENTS IN SUPPORT OF THE QUESTIONNAIRE) WILL NOT BE CONSIDERED UNLESS RECEIVED BY RUST CONSULTING, INC. BY JANUARY 12, 2006.

THIS QUESTIONNAIRE IS AN OFFICIAL DOCUMENT APPROVED BY THE COURT IN CONNECTION WITH ESTIMATING GRACE'S ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS AS A WHOLE. THE QUESTIONNAIRE IS BEING USED BY W. R. GRACE AS A MEANS TO SEEK INFORMATION ABOUT YOUR ASBESTOS CLAIM. BY TIMELY RETURNING THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE, GRACE, THE OFFICIAL COMMITTEES, AND THE FUTURE CLAIMANTS REPRESENTATIVE WILL SEEK TO PRIORITIZE THE PROCESSING OF YOUR CLAIM UNDER ANY TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION.

THE COURT HAS ORDERED THAT, AS PART OF THE DISCOVERY PROCESS, ALL HOLDERS OF PRE-PETITION ASBESTOS PERSONAL INJURY CLAIMS MUST COMPLETE AND RETURN THIS QUESTIONNAIRE. THUS, FAILURE TO TIMELY RETURN THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE MAY RESULT IN SANCTIONS AND/OR OTHER RELIEF AVAILABLE UNDER APPLICABLE FEDERAL RULES.

BECAUSE YOUR CLAIM WILL BE EVALUATED IN ACCORDANCE WITH THE TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION, COMPLETION OF THIS QUESTIONNAIRE DOES NOT MEAN THAT YOUR CLAIM WILL EITHER BE ALLOWED OR PAID. TO THE EXTENT YOU ATTACH TO THIS QUESTIONNAIRE DOCUMENTS ALSO NEEDED BY THE TRUST TO PROCESS YOUR CLAIM, SUCH DOCUMENTS WILL BE PROVIDED TO THE TRUST AND YOU WILL NOT NEED TO RESUBMIT THEM.



WR GRACE PIQ 018334-0006

INSTRUCTIONS**A. GENERAL**

1. This Questionnaire refers to any lawsuit that you filed before April 2, 2001 for an "asbestos-related personal injury or wrongful death claim." This term is intended to cover any lawsuit alleging any claim for personal injuries or damages that relates to: (a) exposure to any products or materials containing asbestos that were manufactured, sold, supplied, produced, specified, selected, distributed or in any way marketed by one or more of the Debtors (or any of their respective past or present affiliates, or any of the predecessors of any of the Debtors or any of their respective past or present affiliates), or (b) exposure to vermiculite mined, milled or processed by the Debtors (or any of their respective past or present affiliates, any of the predecessors of any of the Debtors or any of their predecessors' respective past or present affiliates). It includes claims in the nature of or sounding in tort, or under contract, warranty, guarantee, contribution, joint and several liability, subrogation, reimbursement, or indemnity, or any other theory of law or equity, or admiralty for, relating to, or arising out of, resulting from, or attributable to, directly or indirectly, death, bodily injury, sickness, disease, or other personal injuries or other damages caused, or allegedly caused, directly or indirectly, and arising or allegedly arising, directly or indirectly, from acts or omissions of one or more of the Debtors. It includes all such claims, debts, obligations or liabilities for compensatory damages such as loss of consortium, personal or bodily injury (whether physical, emotional or otherwise), wrongful death, survivorship, proximate, consequential, general, special, and punitive damages.
2. Your Questionnaire will be deemed filed only when it has been received by Rust Consulting Inc., the Claims Processing Agent, via U.S. Mail, Federal Express, United Parcel Service or a similar hand delivery service. A Questionnaire that is submitted by facsimile, telecopy or other electronic transmission will not be accepted and will not be deemed filed.

Do not send any Questionnaire to the Debtors, counsel for the Debtors, the Future Claimants Representative, the Official Committee of Unsecured Creditors, the Official Committee of Asbestos Personal Injury Claimants, the Official Committee of Asbestos Property Damage Claimants, the Official Committee of Equity Security Holders, or such Committees' counsel. Questionnaires that are filed with or sent to anyone other than Rust Consulting, Inc. will be deemed not to have been submitted, and such Questionnaires will not be considered.
3. Your completed Questionnaire must (i) be written in English, and (ii) attach relevant supporting materials as instructed further below.
4. All holders of claims described on page i (and as described in further detail in Instruction A (1) above) are required to file this Questionnaire by Jan. 12, 2006. Your Questionnaire will be used in connection with the estimation hearing to be conducted by the Court pursuant to the Estimation Procedures Order (a copy of which is attached as Appendix B).
5. Any subsequent amendment to the Questionnaire will not be considered for any purpose unless received by Jan. 12, 2006.

B. PART I – Identity of Injured Person and Legal Counsel

Respond to all applicable questions. If you are represented by a lawyer, then in Part I (b), please provide your lawyer's name and the name, telephone number and address of his/her firm. If you are represented by a lawyer, he/she must assist in the completion of this Questionnaire. Also, if you would prefer that the Debtors send any additional materials only to your lawyer, instead of sending such materials to you, then check the box indicating this in Part I (b).

All references to "you" or the like in Parts I through X shall mean the injured person. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete this Questionnaire.

C. PART II – Asbestos-Related Condition(s)

Please indicate all asbestos-related medical conditions for which you have been diagnosed. To complete questions related to injuries, medical diagnoses, and/or conditions, please use the following categories of customarily diagnosed conditions:

- Mesothelioma
- Asbestos-Related Lung Cancer
- Other Cancer (colon, laryngeal, esophageal, pharyngeal, or stomach)
- Clinically Severe Asbestosis
- Asbestosis
- Other Asbestos Disease

If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

Supporting Documents for Diagnosis: This Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that support or conflict with your diagnosis.

X-rays and B-reads: Please attach all x-ray readings and reports. You may, but are not required to, attach chest x-rays. The court, however, has ruled that Grace may seek access to chest x-rays upon request.

Pulmonary Function Tests: Please attach all pulmonary function test results, including the actual raw data and all spirometric tracings, on which the results are based.



WR GRACE PIQ 018334-0007

D. PART III – Direct Exposure to Grace Asbestos-Containing Products

In Part III, please provide the requested information for the job and site at which you were exposed to asbestos-containing products. Indicate the dates of exposure to each Grace asbestos-containing product. If your exposure was a result of your employment, use the list of occupation and industry codes below to indicate your occupation and the industry in which you worked at each site. If you allege exposure to Grace asbestos-containing products at multiple sites, the Court has ordered that you must complete a separate Part III for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

Attach copies of any and all documents establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the disease.

Occupation Codes

- | | |
|--|---|
| 01. Air conditioning and heating installer/maintenance | 31. Iron worker |
| 02. Asbestos miner | 32. Joiner |
| 03. Asbestos plant worker/asbestos manufacturing worker | 33. Laborer |
| 04. Asbestos removal/abatement | 34. Longshoreman |
| 05. Asbestos sprayer/spray gun mechanic | 35. Machinist/machine operator |
| 06. Assembly line/factory/plant worker | 36. Millwright/mill worker |
| 07. Auto mechanic/bodywork/brake repairman | 37. Mixer/bagger |
| 08. Boilermaker | 38. Non-asbestos miner |
| 09. Boiler repairman | 39. Non-occupational/residential |
| 10. Boiler worker/cleaner/inspector/engineer/installer | 40. Painter |
| 11. Building maintenance/building superintendent | 41. Pipefitter |
| 12. Brake manufacturer/installer | 42. Plasterer |
| 13. Brick mason/layer/hod carrier | 43. Plumber - install/repair |
| 14. Burner operator | 44. Power plant operator |
| 15. Carpenter/woodworker/cabinetmaker | 45. Professional (e.g., accountant, architect, physician) |
| 16. Chipper | 46. Railroad worker/carman/brakeman/machinist/conductor |
| 17. Clerical/office worker | 47. Refinery worker |
| 18. Construction - general | 48. Remover/installer of gaskets |
| 19. Custodian/janitor in office/residential building | 49. Rigger/stevedore/seaman |
| 20. Custodian/janitor in plant/manufacturing facility | 50. Rubber/tire worker |
| 21. Electrician/inspector/worker | 51. Sandblaster |
| 22. Engineer | 52. Sheet metal worker/sheet metal mechanic |
| 23. Firefighter | 53. Shipfitter/shipwright/ship builder |
| 24. Fireman | 54. Shipyard worker (md. repair, maintenance) |
| 25. Flooring installer/tile installer/tile mechanic | 55. Steamfitter |
| 26. Foundry worker | 56. Steelworker |
| 27. Furnace worker/repairman/installer | 57. Warehouse worker |
| 28. Glass worker | 58. Welder/blacksmith |
| 29. Heavy equipment operator (includes truck, forklift, & crane) | 59. Other |
| 30. Insulator | |

Industry Codes

- | | |
|--|--|
| 001. Asbestos abatement/removal | 109. Petrochemical |
| 002. Aerospace/aviation | 110. Railroad |
| 100. Asbestos mining | 111. Shipyard-construction/repair |
| 101. Automotive | 112. Textile |
| 102. Chemical | 113. Tire/rubber |
| 103. Construction trades | 114. U.S. Navy |
| 104. Iron/steel | 115. Utilities |
| 105. Longshore | 116. Grace asbestos manufacture or milling |
| 106. Maritime | 117. Non-Grace asbestos manufacture or milling |
| 107. Military (other than U.S. Navy) | 118. Other |
| 108. Non-asbestos products manufacturing | |



WR GRACE PIQ 018334-0008

E. PART IV -- Indirect Exposure to Grace Asbestos-Containing Products

In Part IV, please provide the information requested for any injury alleged to have been caused by exposure to asbestos-containing products through contact/proximity with another injured person. If you allege exposure through contact/proximity with multiple injured persons, please complete a separate Part IV for each injured person. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

F. PART V -- Exposure to Non-Grace Asbestos-Containing Products

In Part V, please provide the requested information for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate Part V for each party. If exposure was in connection with your employment, use the list of occupation and industry codes in Part III to indicate your occupation and the industry in which you worked. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

G. PART VI -- Employment History

In Part VI, please provide the information requested for each industrial job you have held, other than jobs already listed in Parts III or V. Use the list of occupation and industry codes in the instructions to Part III to indicate your occupation and the industry in which you worked for each job. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

H. PART VII -- Litigation and Claims Regarding Asbestos and/or Silica

In Part VII, please describe any lawsuits and/or claims that were filed by you or on your behalf regarding asbestos or silica.

I. PART VIII -- Claims by Dependents or Related Persons

Part VIII is to be completed only by dependents or related persons (such as spouse or child) of an injured person who sued the Debtors before April 2, 2001 for an asbestos-related personal injury or wrongful death claim against Grace not involving physical injury to him-/herself on account of his/her own exposure. One example of such a claim would be a claim for loss of consortium. If you are asserting such a claim, complete the entire Questionnaire, providing all information and documentation regarding the injured person.

J. PART IX -- Supporting Documentation

In Part IX, please mark the boxes next to each type of document that you are submitting with this Questionnaire. As indicated in the instructions to Parts II and III, this Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that (a) support or conflict with your diagnosis and/or (b) establish exposure to Grace asbestos-containing products as having a substantial causal role in the development of the medical diagnoses, and/or conditions claimed. Original documents provided to Grace will be returned within a reasonable time after its professionals and experts have reviewed the documents.

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such cost.

K. PART X -- Attestation that Information is True, Accurate and Complete

By signing Part X, you, the injured person, are attesting and swearing, under penalty of perjury, that, to the best of your knowledge, all of the information in this Questionnaire is true, accurate and complete. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete and sign Part X on behalf of the injured person.

The legal representative of the injured person must complete and sign Part X where indicated.

PART I: IDENTITY OF INJURED PERSON AND LEGAL COUNSEL



WR GRACE PIQ 018334-0010

X other (please specify): Objection: See attached medical information**PART II: ASBESTOS-RELATED CONDITION(S) (Continued)**

b. **Asbestos-Related Lung Cancer:** If alleging Asbestos-Related Lung Cancer, were you diagnosed with primary lung cancer based on the following (check all that apply):

- ☐ findings by a pathologist certified by the American Board of Pathology
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis determined by pathology
- ☐ evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ diffuse pleural thickening as defined in the International Labour Organization's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer

X other (please specify): Objection: See attached medical information

c. **Other Cancer:**

(i) If alleging Other Cancer, please mark the box(es) next to the applicable primary cancer(s) being alleged:

- ☐ colon ☐ pharyngeal ☐ esophageal ☐ laryngeal ☐ stomach cancer
- ☐ other, please specify: _____

(ii) Were you diagnosed with the above-indicated cancer based on the following (check all that apply):

- ☐ findings by a pathologist certified by the American Board of Pathology
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis determined by pathology
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the cancer

X other (please specify): Objection: See attached medical information



WR GRACE PIQ 018334-0011

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

- d. **Clinically Severe Asbestosis:** If alleging Clinically Severe Asbestosis, was your diagnosis based on the following (check all that apply):
- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
 - ☐ a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
 - ☐ a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
 - ☐ asbestosis determined by pathology
 - ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing: Selection of Reference Values and Interpretive Strategies*, demonstrating total lung capacity less than 65% predicted
 - ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing: Selection of Reference Values and Interpretive Strategies*, demonstrating forced vital capacity less than 65% predicted and a FEV1/FVC ratio greater than or equal to 65% predicted
 - ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
 - X other (please specify): Objection: See attached medical information
- e. **Asbestosis:** If alleging Asbestosis, was your diagnosis based on the following (check all that apply):
- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
 - ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
 - ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
 - ☐ asbestosis determined by pathology
 - ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing: Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
 - ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
 - X other (please specify): Objection: See attached medical information

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)



WR GRACE PIQ 018334-0012

f. **Other Asbestos Disease:** If alleging any asbestos-related injuries, medical diagnoses, and/or conditions other than those above, was your diagnosis based on the following (check all that apply):

- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- ☐ diagnosis determined by pathology
- ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a chest x-ray reading other than those described above
- ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
- ☐ a pulmonary function test other than that discussed above
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition
- ☐ a CT Scan or similar testing
- ☐ a diagnosis other than those above
- ☒ other (please specify): Objection: See attached medical information

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PART II: ASBESTOS-RELATED CONDITION(S) (Continued)



WR GRACE PIQ 018334-0013

2. Information Regarding Diagnosis

Date of Diagnosis: 01/13/02

Diagnosing Doctor's Name: See attachedDiagnosing Doctor's Specialty: See attachedDiagnosing Doctor's Mailing Address: See attached
Address

City State/Province Zip/Postal Code

Diagnosing Doctor's Daytime Telephone Number: () -

With respect to your relationship to the diagnosing doctor, check all applicable boxes:

Was the diagnosing doctor your personal physician? Objection: relevance ☐ Yes ☐ NoWas the diagnosing doctor paid for the diagnostic services that he/she performed? Objection: relevance ☐ Yes ☐ NoIf yes, please indicate who paid for the services performed: Objection: relevanceDid you retain counsel in order to receive any of the services performed by the
diagnosing doctor? Objection: relevance ☐ Yes ☐ NoWas the diagnosing doctor referred to you by counsel? Objection: relevance ☐ Yes ☐ NoAre you aware of any relationship between the diagnosing doctor and your
legal counsel? Objection: relevance ☐ Yes ☐ No

If yes, please explain:

Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine
at the time of the diagnosis? See attached medical information ☐ Yes ☐ NoWas the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the
diagnosis? See attached medical information ☐ Yes ☐ NoWas the diagnosing doctor provided with your complete occupational, medical and smoking history prior to
diagnosis? See attached medical information ☐ Yes ☐ NoDid the diagnosing doctor perform a physical examination? See attached medical information ☐ Yes ☐ NoDo you currently use tobacco products? See attached medical information ☐ Yes ☐ NoHave you ever used tobacco products? See attached medical information ☐ Yes ☐ NoIf answer to either question is yes, please indicate whether you have regularly used any of the following tobacco
products and the dates and frequency with which such products were used: See attached medical information☐ Cigarettes Packs Per Day (half pack = .5) Start Year End Year☐ Cigars Cigars Per Day Start Year End Year☐ If Other Tobacco Products, please specify (e.g., chewing tobacco):
Amount Per Day Start Year End YearHave you ever been diagnosed with chronic obstructive pulmonary disease ("COPD")? ☐ Yes ☐ No

If yes, please attach all documents regarding such diagnosis and explain the nature of the diagnosis:

See attached medical information

3. Information Regarding Chest X-Ray

Please check the box next to the applicable location where your chest x-ray was taken (check one):

☐ Mobile laboratory ☐ Job site ☐ Union Hall ☐ Doctor office ☐ Hospital ☒ Other: Objection: relevanceAddress where chest x-ray taken: Objection: relevance
Address

City State/Province Zip/Postal Code

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)



WR GRACE PIQ 018334-0014

4. Information Regarding Chest X-Ray Reading See attached medical information

Date of Reading: ____ / ____ / ____

ILO score: _____

Name of Reader: _____

Reader's Daytime Telephone Number: _____ (____) _____ - _____

Reader's Mailing Address: _____
Address

City _____ State/Province _____ Zip/Postal Code _____

With respect to your relationship to the reader, check all applicable boxes:

Was the reader paid for the services that he/she performed Objection: relevance ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed

by the reader? Objection: relevance ☐ Yes ☐ NoWas the reader referred to you by counsel? Objection: relevance ☐ Yes ☐ NoAre you aware of any relationship between the reader and your legal counsel? Objection: relevance ☐ Yes ☐ No

If yes, please explain: _____

Was the reader certified by the National Institute for Occupational Safety and Health at the time of the reading?
.....X Yes ☐ No

If the reader is not a certified B-reader, please describe the reader's occupation, specialty, and the method through which the reading was made: _____

5. Information Regarding Pulmonary Function Test: See attached medical information Date of Test: ____ / ____ / ____List your height in feet and inches when test given: See attached medical information .. _____ ft _____ inchesList your weight in pounds when test given: See attached medical information _____ lbsTotal Lung Capacity (TLC): See attached medical information _____ % of predictedForced Vital Capacity (FVC): See attached medical information _____ % of predictedFEV1/FVC Ratio: See attached medical information _____ % of predictedName of Doctor Performing Test (if applicable): See attached medical informationDoctor's Specialty: See attached medical informationName of Clinician Performing Test (if applicable): See attached medical informationTesting Doctor or Clinician's Mailing Address: See attached medical information
Address

City _____ State/Province _____ Zip/Postal Code _____

Testing Doctor or Clinician's Daytime Telephone Number: _____ (____) _____ - _____

Name of Doctor Interpreting Test: _____

Doctor's Specialty: _____

Interpreting Doctor's Mailing Address: _____
Address

City _____ State/Province _____ Zip/Postal Code _____

Interpreting Doctor's Daytime Telephone Number: _____ (____) _____ - _____

PART II. ASBESTOS-RELATED CONDITION(S) (Continued)

WR GRACE PIQ 018334-0015

With respect to your relationship to the doctor or clinician who performed the pulmonary function test check all applicable boxes:

If the test was performed by a doctor, was the doctor your personal physician? Objection: relevance..... ☐ Yes ☐ No

Was the testing doctor and/or clinician paid for the services that he/she performed? Objection: relevance ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the testing doctor or clinician? Objection: relevance..... ☐ Yes ☐ No

Was the testing doctor or clinician referred to you by counsel? Objection: relevance..... ☐ Yes ☐ No

Are you aware of any relationship between either the doctor or clinician and your legal counsel? Objection: relevance..... ☐ Yes ☐ No

If yes, please explain: _____

Was the testing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the pulmonary function test? See attached medical information..... ☐ Yes ☐ No

With respect to your relationship to the doctor interpreting the results of the pulmonary function test check all applicable boxes:

Was the doctor your personal physician? Objection: relevance..... ☐ Yes ☐ No

Was the doctor paid for the services that he/she performed? Objection: relevance ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the doctor? Objection: relevance..... ☐ Yes ☐ No

Was the doctor referred to you by counsel? Objection: relevance..... ☐ Yes ☐ No

Are you aware of any relationship between the doctor and your legal counsel? Objection: relevance..... ☐ Yes ☐ No

If yes, please explain: _____

Was the doctor interpreting the pulmonary function test results certified as a pulmonologist or internist by the American Board of Internal Medicine at the time the test results were reviewed?..... ☐ Yes ☐ No
See attached medical information

6. Information Regarding Pathology Reports:

Date of Pathology Report: See attached medical information..... ____ / ____ / ____

Findings: See attached medical information

Name of Doctor Issuing Report: See attached medical information

Doctor's Specialty: See attached medical information

Doctor's Mailing Address: See attached medical information
Address

City _____ State/Province _____ Zip/Postal Code _____

Doctor's Daytime Telephone Number: See attached medical information..... (____) ____ - ____

With respect to your relationship to the doctor issuing the pathology report, check all applicable boxes:

Was the doctor your personal physician? Objection: relevance..... ☐ Yes ☐ No

Was the doctor paid for the services that he/she performed? Objection: relevance..... ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the doctor? Objection: relevance..... ☐ Yes ☐ No

Was the doctor referred to you by counsel? Objection: relevance..... ☐ Yes ☐ No



Are you aware of any relationship between the doctor and your legal counsel? Objection: relevanceWR GRACE PIQ 018534-0016

If yes, please explain: _____

Was the doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis?

See attached medical information ☐ Yes ☐ No



WR GRACE PIQ 018334-0017

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

7. With respect to the condition alleged, have you received medical treatment from a doctor for the condition?

Objection. Relevance. ☐ Yes ☐ No

If yes, please complete the following:

Name of Treating Doctor: n/a

Treating Doctor's Specialty: n/a

Treating Doctor's Mailing Address: n/a
Address

City State/Province Zip/Postal Code

Treating Doctor's Daytime Telephone number: n/a () -

Was the doctor paid for the services that he/she performed? n/a ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: n/a

Did you retain counsel in order to receive any of the services performed by the doctor? n/a ☐ Yes ☐ No

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PART III. DIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

Please complete the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked.

In the "Nature of Exposure" column, for each job listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Grace asbestos-containing products
- (b) A worker who personally removed or cut Grace asbestos-containing products or cut by others
- (c) A worker who personally installed Grace asbestos-containing products
- (d) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (e) A worker in a space where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (f) If other, please specify.

Site of Exposure:

Site Name: See Exhibit A

Location: _____

Site Type: ☐ Residence ☐ Business

Site Owner: _____

Employer During Exposure: _____

Unions of which you were a member during your employment: _____

Job Description:	Products	Product(s)	Basis for Identification of Each Grace Product	Dates and Frequency of Exposure (hours/day, days/year)	Occupation Code: If Code 59, specify	Industry Code: If Code 29, specify	Was exposure due to working in or around areas where product was being installed, mixed, removed, or cut? If yes, please indicate both regular and occasional areas	Nature of Exposure
Job 1 Description:	See Exhibit A							
Job 2 Description:								
Job 3 Description:								
Job 4 Description:								
Job 5 Description:								
Job 6 Description:								



PART IV. INDIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS



WR GRACE PIQ 018934-0019

1. Are you asserting an injury caused by exposure to Grace asbestos-containing products through contact/proximity with another injured person? Objection. See complaint filed in Middlesex, MA 99-0724. See F.S.A. 90.408
☐ Yes ☐ No

If yes, complete questions 2 through 10 of this section for each injured person through which you allege exposure to Grace asbestos-containing products. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

2. Please indicate the following information regarding the other injured person:

Name of Other Injured Person: n/a Gender: ☐ Male ☐ Female

Last Four Digits of Social Security Number: _____ Birth Date: ____/____/____

3. What is your Relationship to Other Injured Person: n/a ☐ Spouse ☐ Child ☐ Other

4. Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products:

n/a

5. Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products: N/A

From: ____/____/____ To: ____/____/____

6. Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product:

n/a

7. Has the Other Injured Person filed a lawsuit related to his/her exposure? Objection. Relevance. ☐ Yes ☐ No

If yes, please provide caption, case number, file date, and court name for the lawsuit:

Caption: _____

Case Number: _____ File Date: ____/____/____

Court Name: _____

8. Nature of Your Own Exposure to Grace Asbestos-Containing Product:

See question 1 above

9. Dates of Your Own Exposure to Grace Asbestos-Containing Product: See question 1 above.

From: ____/____/____ To: ____/____/____

10. Your Basis for Identification of Asbestos-Containing Product as Grace Product: See question 1 above

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PART V. EXPOSURE TO NON-GRACE ASBESTOS-CONTAINING PRODUCTS

Please complete the chart below for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate chart for each party. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked.

In the "Nature of Exposure" column, for each product listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Non-Grace asbestos-containing products
- (b) A worker who personally removed or cut Non-Grace asbestos-containing products
- (c) A worker who personally installed Non-Grace asbestos-containing products or cut by others
- (d) A worker at a site where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (e) A worker in a space where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (f) If other, please specify.

Objection: Burdensome/Public Record

Party Against which Lawsuit or Claim was Filed:

See attached Complaint cover sheet

Product(s)	Dates and Frequency of Exposure (Hours/day, days/year)	Occupation Code (If Code 50, specify)	Industry Code (If Codes 1-8, specify)	Was exposure due to working in or around areas where product was being installed, mixed, removed, or cut? If Yes, please indicate your regular proximity to such areas.	Nature of Exposure
Site of Exposure 1 Site Name: _____ Address: _____ City and State: _____ Site Owner: _____	Job 1 Description:				
	Job 2 Description:				
	Job 3 Description:				
Site of Exposure 2 Site Name: _____ Address: _____ City and State: _____ Site Owner: _____	Job 1 Description:				
	Job 2 Description:				
	Job 3 Description:				
Site of Exposure 3 Site Name: _____ Address: _____ City and State: _____ Site Owner: _____	Job 1 Description:				
	Job 2 Description:				
	Job 3 Description:				





PART VI: EMPLOYMENT HISTORY

W/GR GRACE PIQ 018334-0021

Other than jobs listed in Part III or V, please complete this Part VI for all of your prior industrial work experience up to and including your current employment. For each job, include your employer, location of employment, and dates of employment. Only include jobs at which you worked for at least one month. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

Occupation Code: 52 If Code 59, specify: Objection: Burdensome. See Exhibit A

Industry Code: 103, 104 If Code 118, specify: _____

Employer: _____

Beginning of Employment: ____ / ____ / ____

End of Employment: ____ / ____ / ____

Location: _____

Address

City

State/Province

Zip/Postal Code

Occupation Code: _____ If Code 59, specify: . _____

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: ____ / ____ / ____

End of Employment: ____ / ____ / ____

Location: _____

Address

City

State/Province

Zip/Postal Code

Occupation Code: _____ If Code 59, specify: . _____

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: ____ / ____ / ____

End of Employment: ____ / ____ / ____

Location: _____

Address

City

State/Province

Zip/Postal Code

Occupation Code: _____ If Code 59, specify: . _____

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: ____ / ____ / ____

End of Employment: ____ / ____ / ____

Location: _____

Address

City

State/Province

Zip/Postal Code



PART VII: LITIGATION AND CLAIMS REGARDING ASBESTOS AND/OR SILICA WR GRACE PIQ 018334-0022

a. LITIGATION

1. Have you ever been a plaintiff in a lawsuit regarding asbestos or silica? ☒ Yes ☐ No
If yes, please complete the rest of this Part VII(a) for each lawsuit. For your convenience, additional copies of Part VII are attached as Appendix G to this Questionnaire
2. Please provide the caption, case number, file date, and court name for the lawsuit you filed:
 Caption: See Complaint cover sheet
 Case Number: 99-0724 File Date: 01/28/99
 Court Name: Middlesex, MA
3. Was Grace a defendant in the lawsuit? Prior to April 2, 2001, then yes ☒ Yes ☐ No
4. Was the lawsuit dismissed against any defendant? ☒ Yes ☐ No
If yes, please provide the basis for dismissal of the lawsuit against each defendant:
Objection: burdensome. For Voluntary Dismissals, please see docket and pleadings filed in the case which are public records
5. Has a judgment or verdict been entered? Objection: See Florida Statute § 90.408 ☐ Yes ☐ No
If yes, please indicate verdict amount for each defendant(s): _____
6. Was a settlement agreement reached in this lawsuit? Objection: See Florida Statute § 90.408 ☐ Yes ☐ No
If yes and the settlement was reached on or after April 2, 2001, please indicate the following:
 - a. Settlement amount for each defendant: _____
 - b. Applicable defendants: _____
 - c. Disease or condition alleged: _____
 - d. Disease or condition settled (if different than disease or condition alleged): _____
7. Were you deposed in this lawsuit? ☐ Yes ☒ No
If yes and Grace was not a party in the lawsuit, please attach a copy of your deposition to this Questionnaire.

b. CLAIMS

1. Have you ever asserted a claim regarding asbestos and/or silica, including but not limited to a claim against an asbestos trust (other than a formal lawsuit in court)? Objection, vague, irrelevant, ambiguous and unduly burdensome ☐ Yes ☐ No
If yes, please complete the rest of this Part VII(b). If no, please skip to Part VIII.
2. Date the claim was submitted: / /
3. Person or entity against whom the claim was submitted: _____
4. Description of claim: _____
5. Was claim settled? ☐ Yes ☐ No
6. Please indicate settlement amount: Objection: See Florida Statute § 90.408 \$ _____
7. Was the claim dismissed or otherwise disallowed or not honored? ☐ Yes ☐ No
If yes, provide the basis for dismissal of the claim: _____



WR GRACE PIQ 018934-0023

PART VIII: CLAIMS BY DEPENDENTS OR RELATED PERSONS

Name of Dependent or Related Person: Objection: relevance Gender: ☐ Male ☐ Female

Last Four Digits of Social Security Number: _____ Birth Date: ____/____/____

Financially Dependent: _____ ☐ Yes ☐ No

Relationship to Injured Party: ☐ Spouse ☐ Child ☐ Other If other, please specify _____

Mailing Address: _____
Address

City _____ State/Province _____ Zip/Postal Code _____

Daytime Telephone number: _____ (____) _____ - _____

PART IX: SUPPORTING DOCUMENTATION

Please use the checklists below to indicate which documents you are submitting with this form.

Copies: See attached medical information

- | | |
|---|--|
| <input type="checkbox"/> Medical records and/or report containing a diagnosis | <input type="checkbox"/> X-rays |
| <input type="checkbox"/> Lung function test results | <input type="checkbox"/> X-ray reports/interpretations |
| <input type="checkbox"/> Lung function test interpretations | <input type="checkbox"/> CT scans |
| <input type="checkbox"/> Pathology reports | <input type="checkbox"/> CT scan reports/interpretations |
| <input type="checkbox"/> Supporting documentation of exposure to Grace asbestos-containing products | <input type="checkbox"/> Depositions from lawsuits indicated in Part VII of this Questionnaire |
| <input type="checkbox"/> Supporting documentation of other asbestos exposure | <input type="checkbox"/> Death Certification |

Originals:

- | | |
|---|--|
| <input type="checkbox"/> Medical records and/or report containing a diagnosis | <input type="checkbox"/> Supporting documentation of other asbestos exposure |
| <input type="checkbox"/> Lung function test results | <input type="checkbox"/> X-rays |
| <input type="checkbox"/> Lung function test interpretations | <input type="checkbox"/> X-ray reports/interpretations |
| <input type="checkbox"/> Pathology reports | <input type="checkbox"/> CT scans |
| <input type="checkbox"/> Supporting documentation of exposure to Grace asbestos-containing products | <input type="checkbox"/> CT scan reports/interpretations |
| | <input type="checkbox"/> Death Certification |

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such costs:

PART X: ATTESTATION THAT INFORMATION IS TRUE AND ACCURATE

The information provided in this Questionnaire must be accurate and truthful. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your Claim. The penalty for presenting a fraudulent Questionnaire is a fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 & 3571. **TO BE COMPLETED BY THE INJURED PERSON.**

I swear, under penalty of perjury, that, to the best of my knowledge, all of the foregoing information contained in this Questionnaire is true, accurate and complete.

Signature: _____ Date: ____/____/____

Please Print Name: _____

TO BE COMPLETED BY THE LEGAL REPRESENTATIVE OF THE INJURED PERSON.

I swear that, to the best of my knowledge, all of the information contained in this Questionnaire is true, accurate and complete.

Signature: [Signature] Date: 06/12/2006

Please Print Name: _____ David A. Jagolinzer

REDACTEDc/o Ferraro & Associates, P.A., 4000 Ponce de Leon Boulevard,
Miami, Florida, 33146, Phone: (305) 375-0111***Exposure Sheet***

Ferraro & Associates, P.A.

For Sorted by Manufacturer then Date

01/20/2006

Manufacturer: W.R. Grace & Company**REDACTED*****Products:*** Plaster, Monokote, Cement

<i>Jobsite</i>	<i>City</i>	<i>State</i>	<i>Start Date</i>	<i>Stop Date</i>
West Hartford Ornamental Co.	W. Hartford	CT	01/01/1955	12/01/1956
Aetna Insurance Co.	Hartford	CT	01/01/1958	12/01/1960
Aetna Sheetmetal Shop	E. Hartford	CT	01/01/1958	12/01/1963
Travelers Insurance Co.	Hartford	CT	01/01/1959	12/01/1959
Middletown Powerplant	Middletown	CT	01/01/1963	12/01/1973
Millstone Powerplant	Waterford	CT	01/01/1970	12/01/1974



IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

Chapter 11

In Re:	Bankruptcy No.
Owens Corning	00-3837-JKF
Armstrong World Industries	00-4471-JKF
W.R. Grace & Co.	01-1139-JKF
USG Corp.	01-2094-JKF
United States Mineral Products Company	01-2471-JKF
Kaiser Aluminum Corporation, Inc.	02-10429-JKF
ACandS, Inc.	02-12687-JKF
Combustion Engineering, Inc.	03-10495-JKF
The Flintkote Company	04-11300-JKF

Debtor(s)


POWER OF ATTORNEY/PROXY

The undersigned Claimant hereby authorizes James L. Ferraro, Esq. and/or David A. Jagolinzer, Esq., of Ferraro & Associates, P.A., 4000 Ponce de Leon Blvd. Suite 700, Miami, Florida 33146, or any of its attorneys, as their delegates, to act as attorney-in-fact for the undersigned, with full power of substitution, to act and/or vote on any issue that may be submitted to or involve creditors or claimants of any debtor, associated debtor, related company or their insurers, in or related to the above-referenced bankruptcy actions and any other bankruptcy actions, and in general, to perform any act for the undersigned in these related bankruptcy matters, including matters arising, or related to Claimant's asbestos or silica claim, including the investigation, negotiation and settlement of any such claim and submission of any materials for settlement or processing of the claim.

Signed:

REDACTED

SWORN TO AND SUBSCRIBED TO, before me
this 12th day of November, 2004.


NOTARY PUBLIC, My Commission Expires:

AGNES M. PIER
NOTARY PUBLIC
MY COMMISSION EXPIRES APR. 30, 2007

Robert J. Masey, M.D., FCCP
Board Certified in Internal Medicine
Pulmonary Disease
Certified NIOSH "B" Reader

REDACTED

WORKER'S Social Security Number**TYPE OF READING**

FACILITY IDENTIFICATION

1A. DATE OF X-RAY <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MONTH DAY YEAR 10 15 77 </div>	1B. FILM QUALITY <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 2 3 4 2 3 </div>	1C. IS FILM COMPLETELY NEGATIVE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	If Not Grade 3 Give Reason: _____ Printed in Section 3
2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input checked="" type="checkbox"/> COMPLETE 2B and 2C NO <input type="checkbox"/> PROCEED TO SECTION 3		2C. LARGE OPACITIES SIZE <div style="border: 1px solid black; padding: 2px; display: inline-block;">A B C</div>	
2B. SMALL OPACITIES <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> a. SHAPE/SIZE PRIMARY SECONDARY <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">P X Q 1 R U</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">P X Q 1 R U</div> </div> </div> <div style="text-align: center;"> b. ZONES <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 </div> </div> </div>		c. PROPORTION <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 </div>	
3A. ANY FLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input checked="" type="checkbox"/> COMPLETE 3B, 3C and 3D NO <input type="checkbox"/> PROCEED TO SECTION 4		3B. FLEURAL THICKENING <div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> a. DIAPHRAGM (plaque) SITE <div style="border: 1px solid black; padding: 2px; display: inline-block;">R L</div> b. COSTOPHRIC ANGLE SITE <div style="border: 1px solid black; padding: 2px; display: inline-block;">R L</div> </div> <div style="width: 45%;"> 3C. FLEURAL THICKENING... Chest Wall a. CIRCUMSCRIBED (plaque) SITE <div style="border: 1px solid black; padding: 2px; display: inline-block;">R L</div> IN PROFILE <div style="border: 1px solid black; padding: 2px; display: inline-block;">R L B C</div> I. WIDTH <div style="border: 1px solid black; padding: 2px; display: inline-block;">R L 2 3</div> II. EXTENT <div style="border: 1px solid black; padding: 2px; display: inline-block;">R L 1 2 3</div> FACE ON <div style="border: 1px solid black; padding: 2px; display: inline-block;">R L 1 2 3</div> III. EXTENT <div style="border: 1px solid black; padding: 2px; display: inline-block;">R L 1 2 3</div> </div> </div>	
3D. FLEURAL CALCIFICATION <div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> SITE <div style="border: 1px solid black; padding: 2px; display: inline-block;">R L</div> a. DIAPHRAGM <div style="border: 1px solid black; padding: 2px; display: inline-block;">R L 1 2 3</div> b. WALL <div style="border: 1px solid black; padding: 2px; display: inline-block;">R L 1 2 3</div> c. OTHER SITES <div style="border: 1px solid black; padding: 2px; display: inline-block;">R L 1 2 3</div> </div> <div style="width: 45%;"> a. DIAPHRAGM <div style="border: 1px solid black; padding: 2px; display: inline-block;">R L 1 2 3</div> b. WALL <div style="border: 1px solid black; padding: 2px; display: inline-block;">R L 1 2 3</div> c. OTHER SITES <div style="border: 1px solid black; padding: 2px; display: inline-block;">R L 1 2 3</div> </div> </div>		PROCEED TO SECTION 4	
4A. ANY OTHER ABNORMALITIES? YES <input type="checkbox"/> COMPLETE 4B and 4C NO <input checked="" type="checkbox"/> PROCEED TO SECTION 5		4B. OTHER SYMBOLS (OBLIGATORY) <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> O ax bu ca cn co cp cv dl ef em es fr hi ho ld th kl pl px rp td </div>	
Report items which may be of present clinical significance in this section.		Date Personal Physician notified? <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> MONTH DAY YR </div>	
4C. OTHER COMMENTS <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <u>Interstitial Lung Disease Consistent with Asbestos Exposure / Asbestos Related Disease</u> <input checked="" type="checkbox"/> <u>Pleural Thickening / Pleural Plaques consistent with Asbestos Exposure / Asbestos Related Disease</u> SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PROCEED TO SECTION 5 </div>			

5. FILM READER'S INITIALS

PHYSICIAN'S SOCIAL SECURITY NUMBER*

DATE OF READING

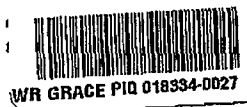
**Complete if
social security
number is not
furnished:**

NAME (LAST-FIRST-MIDDLE)

Mezey Robert J.

STREET ADDRESS CITY STATE ZIP CODE
9380 S.W. 150th Street #200 Miami FL 33176

*Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.



ORIGINAL MAILED PIQ
RETURNED BLANK WITH
COMPLETED EDITABLE
PDF.

BLANK QUESTIONNAIRE
RETAINED BUT NOT
PROCESSED



WR GRACE PIQ 018334-0028

FedEx | Ship Manager | Label7910 4626 1687

Page 1 of 1

From: Origin ID: (305)375-0111
Eva Villanueva
Ferraro & Associates, P.A.
4000 Ponce DeLeon Blvd.
Suite 700
Miami, FL 33146



CLS9228W/11/02

SHIP TO: (800)432-1909 BILL SENDER

Claims Processing Agent
Rust Consulting, Inc
W.R. Grace & Co. Bankruptcy
201 S. Lyndale Avenue
Faribault, MN 55021

Ship Date: 11JUL06
ActWgt: 40 LB
System#: 8785132/NET2500
Account#: S *****

Dimmed: 17 X 13 X 12 IN

REF: W.R. Grace Questionnaire



Delivery Address Bar Code

PRIORITY OVERNIGHT

WED

TRK# 7910 4626 1518

FORM
0201

Deliver By:
12JUL06

MSP AA

55021 -MN-US

A8 FBLA

